

REDACTED

This information is being furnished to the Internal Revenue Service. If you are required to file a tax return, a negligence penalty or other sanction may be imposed on you if this income is taxable and you fail to report it.

Copy C-For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.)		Form W-2 Wage and Tax Statement	OMB No. 1545-0048
2007	1 Wages, tips, other comp.	2 Federal income tax withheld	
Employee's SSN	3 Social security wages	4 Social security tax withheld	
Employer ident. no. (EIN) 13-1924236	5 Medicare wages and tips	6 Medicare tax withheld	
Employer's name, address, and ZIP code REISSUED STATEMENT MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10085			
Control number			
Employee's first name and initial Last name Suffix. ROBERT T HEELAN			
Employee's address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a code See Instr. for box 12 C	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code
14 Other			12c code
			12d code
16 State Employer's state ID no. NY 1319242368	16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.	19 Local income tax		20 Locality name NEW YORK

Department of the Treasury-Internal Revenue Service

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Copy 2-To Be Filed With Employee's State, City, or Local Income Tax Return.		Form W-2 Wage and Tax Statement		OMB No. 1545-0008
2007	1 Wages, tips, other comp.		2 Federal income tax withheld	
Employee's SSN	3 Social security wages		4 Social security tax withheld	
Employer ident. No. (EIN) 13-1924238	5 Medicare wages and tips		6 Medicare tax withheld	
Employer's name, address, and ZIP code REISSUED STATEMENT MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10065				
Control number				
Employee's first name and initial Last name Suf. PAUL H DALECKI				
Employee's address, and ZIP code				
7 Social security tips		8 Allocated tips		9 Advance EIC payment
10 Dependent care benefits		11 Nonqualified plans		12a code C
13 Statutory employee <input type="checkbox"/>		Retirement plan <input checked="" type="checkbox"/>		12b code E
		Third-party sick pay <input type="checkbox"/>		12c code
14 Other TUI TAXABL				12d code
15 State Employer's state ID no. NY 1319242368		16 State wages, tips, etc.		17 State income tax
18 Local wages, tips, etc.		19 Local income tax		20 Locality name

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Copy C-For EMPLOYEE'S RECORDS (see Notice to Employee on back of Copy B.)		Form W-2 Wage and Tax Statement	OMB No. 1545-0008
2007	1 Wages, tips, other comp.	2 Federal income tax withheld	
Employee's SSN	3 Social security wages	4 Social security tax withheld	
Employer ident. No. (EIN)	5 Medicare wages and tips	6 Medicare tax withheld	
13-1924236			
Employer's name, address, and ZIP code REISSUED STATEMENT MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10085			
Control number			
Employee's first name and initial Last name Suffix. SAMSON W FINE			
Employee's address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a code See instr. for box 12 C	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	Third-party sick pay <input type="checkbox"/>	12b code
14 Other			12c code
			12d code
15 State Employer's state ID no.	16 State wages, tips, etc.	17 State income tax	
NY 1319242368			
18 Local wages, tips, etc.	19 Local income tax	20 Locality name NEW YORK	

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This information is being furnished to the Internal Revenue Service.

Copy B-To Be Filed With Employee's FEDERAL Tax Return.		Form W-2 Wage and Tax Statement	OMB No. 1545-0008
2007	1 Wages, tips, other comp.	2 Federal income tax withheld	
Employee's SSN	3 Social security wages	4 Social security tax withheld	
Employer ident. No. (EIN) 13-1924236	5 Medicare wages and tips	6 Medicare tax withheld	
Employer's name, address, and ZIP code REISSUED STATEMENT MEMORIAL SLOAN-KETTERING CANCER CENTER 1275 YORK AVENUE NEW YORK, NY 10085			
Control number			
Employee's first name and initial HARRY W HERR		Last name SULL	
Employee's address, and ZIP code			
7 Social security tips	8 Allocated tips	9 Advance EIC payment	
10 Dependent care benefits	11 Nonqualified plans	12a code See instr. for box 12 C	
13 Statutory employee <input type="checkbox"/>	Retirement plan <input checked="" type="checkbox"/>	12b code E	12c code
14 Other		12d code	
15 State Employer's state ID no. NY 1319242368	16 State wages, tips, etc.	17 State income tax	
18 Local wages, tips, etc.	19 Local income tax	20 Locality name NEW YORK	

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